

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

091543771  
APPLICANT(S)

FILING DATE

4/5/00

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2	/		/		/		52						
3		/		/		/	53						
4	/		/		/		54						
5		/		/		/	55						
6	/		/		/		56						
7		/		/		/	57						
8	/		/		/		58						
9		/		/		/	59						
10	/		/		/		60						
11		/		/		/	61						
12	/		/		/		62						
13		/		/		/	63						
14		/		/		/	64						
15		/		/		/	65						
16		/		/		/	66						
17		/		/		/	67						
18		/		/		/	68						
19		/		/		/	69						
20		/		/		/	70						
21		/		/		/	71						
22		/		/		/	72						
23		/		/		/	73						
24		/		/		/	74						
25	/		/		/		75						
26							76						
27							77						
28							78						
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30							80						
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36							86						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8		8		8		TOTAL IND.						
TOTAL DEP.	17		17		17		TOTAL DEP.						
TOTAL CLAIMS	25		25		25		TOTAL CLAIMS						